



Teaching an Asthma Self-Management

Curriculum Outcomes Report Form

School Nurse Name(s): _____ County: _____

DUE DECEMBER 15, 2010

Return to:

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Questions:

1. Which of the curricula did you use?
2. To how many students did you teach the curriculum? In total, how many hours of instruction did you provide?
3. How did you obtain the necessary materials for your curriculum? If you did not use a formal curriculum, what other educational materials did you use to assist in your teaching?
4. How did you arrange with school teachers and/or administration to meet with students? Did you face any difficulties in arranging times to provide instruction?

5. What would you characterize as the main strengths and weaknesses of the curriculum that you used? If you did not use a formal curriculum, what successes and difficulties did you have teaching individualized asthma self-management to the students?

6. What do you think were the key points that students were able to learn as a result of the instruction that you provided to them?

7. Would you recommend this particular project for other school nurses? Why or why not?

Data:

1. If applicable, please attach or fax copies of the pre- and post-test forms completed by the students to the Asthma Control Program; black out any names or personal identifiers. Asthma Control Program staff may analyze information contained in the forms for program evaluation purposes.